

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	MESOTHELIOMA THERAPEUTIC AGENT
Attorney Docket Number::	053466-0415
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	17
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Norihiro
Family Name::	NISHIMOTO
City of Residence::	Minoh-shi
Country of Residence::	Japan
Street of mailing address::	4-6-9-804, Nyoidani
City of mailing address::	Minoh-shi
State or Province of mailing address::	Osaka

Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 5620011

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Tadamitsu
Family Name:: KISHIMOTO
City of Residence:: Tondabayashi-shi
Country of Residence:: Japan
Street of mailing address:: 3-5-31, Nakancho
City of mailing address:: Tondabayashi-shi
State or Province of mailing address:: Osaka
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 5840021

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yasuo
Family Name:: ADACHI
City of Residence:: Suita-shi
Country of Residence:: Japan
Street of mailing address:: c/o Laboratory of Immune Regulation,
Graduate School of Frontier Biosciences
Osaka University
1-3, Yamadaoka
City of mailing address:: Suita-shi
State or Province of mailing address:: Osaka
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 5650871

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan

Status:: Full Capacity
Given Name:: Koichi
Family Name:: TAKAYAMA
City of Residence:: Fukuoka-shi
Country of Residence:: Japan
Street of mailing address:: c/o Respiratory Clinic
 Kyushu University Hospital
 3-1-1, Maidashi, Higashi-ku
City of mailing address:: Fukuoka-shi
State or Province of mailing address:: Fukuoka
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 8128582

Correspondence Information

Correspondence Customer Number:: 22428
E-Mail address:: PTOMailWashington@foley.com

Representative Information

Representative Customer Number::	22428	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP2004/015674	10/15/2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	2003-358152	10/17/2003	Yes

Assignee Information

Assignee Name:: CHUGAI SEIYAKU KABUSHIKI KAISHA